_ Holding of workshops/seminarsj meetings and study tours of the Voluntary Odganisations and those dealing with them in the country where voluntary sector is doing well;

— Introduction of new model schemes;

— Preparation of all-India Directory of voluntary Organisations;

— Approval of some organisations as mother units under Rolling Fund Scheme to assist smaller grass-root organisations;

— Proposal to set up an apex body called VAFAH (Voluntary Action for Family Welfare and Health) with necessary autonomy and flexibility for sanctioning grant-in-aid to NGOs/Voluntary Sector;

— Greater involvement of the NGOs i.e.. Voluntary Agencies, Cooperatives, Managements and Trade Union Organisations in Industries in the Organised Sector, Zilla Parishads, Municipal Corporations. Panchayats, etc. in the implement-tation of Family Welfare Programme effectively.

(c) Rs. 683 lakhs.

Implementation of Village Health Guide Scheme

1308. DR. NARREDDY THULASI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a), the number of States and Union Territories which are implementing Village Health Guide Scheme;

(b) whether there is any proposal under Government's consideration to revitalise the scheme;

(c) if so, what are the details thereof; and

(d) if not, what are the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K." THARA DEVI SIDDHARTHA): (a) The Village Health Guide (VHG) Scheme is being implemented in all States and Union Territories except Delhi, Goa, Daman & Diu, Arunachal Pradesh, Jammu & Kashmir, Kerala and Tamil Nadu. The States of Arunachal Pradesh, Jammu & Kashmir, Kerala and Tamil Nadu have their own alternative schemes.

(b) to (d) The Government had set up a Task Force in 1989 with a view to making suggestions for improving the scheme. The Task Force had, *initer-alia,* recommended enhancement of honorarium for VHGs from Rs. 50/- to Rs. 100l-per month, payment of Rs. 10/- p.m. for attending meeting at PHC, training of more VHGs during the 8th Plan and provision of medicine kits for the VHGs. Because of financial constraints, these recommendations have not been implemented.

Growth rate of population

1309. DR. NARREDDY THULASI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the States and Union Territories which have shown an increase in decaded growth rate of population during 1981-91 over 1971-1981; and

(b) what special measures have been taken with regard to these States and Union Territories in the field of Family Welfare?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Thtt following are the States and Union Territories which have shown an increase in decadal growth rate of population during 1981-91 over 1971-81; An-dhra Pradesh, Arunachal Pradesh, Assam, Madhya Pradesh, Maharashtra, Naga-land, Tripura, West Bengal, Damaa & Diu, Lakshadweep and Pondicherry.

(d) To impart a new dynamism to the Family Welfiare -Programmes, an

Action Plan has already been evolved by the Ministry - of Health and Family Welfare and is being operationalised. This has been endorsed by the Health and Family Welfare Ministers of States and Union Territories in January, 1992. The Action Plan highlights the need for evolving a national consensus in support of the Family Welfare Programme and to obtain the willing participation of all sections of the sofciety. Its key features include improving the quality and outreach of family welfare services. differentia) strategy for special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as per the 1981 Census). developing a mechanism to make available funds to States Union Territories on the basis of reduction of actual birth rate, increasing (he coverage of younger age couples through vigorous promotion of spacing methods, introducing new contraceptive and improving the quality of contraceptives, strengthening family welfare schemes in Urban areas especially in slum pockets, revilalising training activities of medical/para-medicjil personnel with. emphasis on motivational and counselling aspects, sustaining the good work done under Universal Immunisation Prostammo and strengthening of other interventions for Meternal and Child Health Care, reorientation of Information, Education and Communication effortas to focus on the quality of life issues and inter-personnel communication, involving voluntary and non-governmental organi-*»fions in a big way to promote active-community participation in the programme. gearing up of 'he implementation machinery in the States Union Territories and evolving high-level inter-sectosal coordination mechanism at the nation. State and District levels.

Allotment of land for regional occupational health centre

1310. SHRI PRABHAKAR B. KORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Indian Association of Occupational Health has requested the Ministry of .Health and Family Welfare. Government of Karnataka and Directorate of Horticulture, State Government of Karnataka for allotment of suitable land of 5 acres in State Coconut farm, Whitefields to Regional Occupational Health Centre;

(b) if so, what is the decision and action taken by the State Government; and

(c) whether the response of the concerned State Government is negative and whether Indian Council of Medical Research would negotiate with other State Governments for the allotment of necessary land to construct laboratory facilities?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA); (a) to (c) The Indian Council of Medical Research (ICMR) informed that the Indian Association of Occupational Health (1AOH), Karnataka chapter took up the matter with the Government of Karnataka. Although the ICMR has been informed that the proposal is under consideration of the State Government, their decision is awaited.

I pgradation of ROHC at Bangalore

1311. SHRI PRABHAKAR B. KORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Scientific Advisory Board and Governing body of the Indian Council of Medical Research had decided in 1988 to upgrade the Regional Occupational Health Centre at Bangalore as advanced centre for,research in Agro-medicine during 1990:95: and

(b) if so, the progress, made in the matter including the procurement of suitable land from the State Government of Karnataka?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI STDDHARTHA): *(a)* One of the recommendations of the